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PTO/SB/82 (01-08)

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**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/524,608
Filing Date	03/24/2006
First Named Inventor	Kevan M. Shokat
Art Unit	n/a
Examiner Name	n/a
Attorney Docket Number	71332.00301.UTL

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

36183

Thank you Lisa.

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

*Susan Y. Nakashima*

Name

Susan Y. Nakashima, Business Manager

Date

*January 29, 2007*

Telephone

(415) 353-4471

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



\*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Rec'd PCT/PTO 24 MAR 2006  
PTO/SB/81 (04-05)

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	10/524,608
	Filing Date	February 14, 2005
	First Named Inventor	Shokat, Kevan M.
	Title	PROTEOME-WIDE MAPPING OF POST-TRANSLATIONAL MODIFICATIONS USING ENDONUCLEASES
	Art Unit	
	Examiner Name	
Attorney Docket Number	18062G-006610US	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

20350

81d #

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

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State

Zip

Country

Telephone

Email

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71. (The Regents of the University of California)  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

New Address

SIGNATURE of Applicant or Assignee of Record

Signature

Date

December 20, 2005

Name

Telephone

415 - 353-4471

Title and Company

Business Manager

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Office of Technology Management  
University of California, San Francisco

\*Total of \_\_\_\_\_ forms are submitted.

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